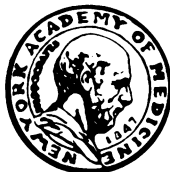


BULLETIN OF
THE NEW YORK ACADEMY
OF MEDICINE



VOL. 66, No. 4

JULY-AUGUST 1990

INTRODUCTION: THE NATIONAL
HEALTH POLICY SEMINARS PROJECT*

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THIS MAY NOT BE THE WORST of times for health care in the United States, but it certainly is not the best of times. A nation of great wealth, possessing extraordinary resources in terms of human skills, scientific knowledge, technologic capabilities and physical facilities, in health care we move by fits and starts in articulating and committing ourselves to the achievement of forward-looking social goals. Twenty years ago, with the passage of Medicare and Medicaid, we took major though incomplete steps toward assuring entitlement to health services for all Americans. Recently, however, our national commitment has wavered.

Twenty years after we established the Medicare and Medicaid programs to protect our older and poorer citizens from unreasonable medical costs, the

*Presented as part of the National Health Policy Seminar *Toward a Health Care Financing Strategy for the Nation*, held by the Committee on Medicine in Society of the New York Academy of Medicine from October 1986 to August 1988.

elderly are paying out-of-pocket a higher proportion of their incomes for health care than before the Medicare program. The poor are still confronted with almost insurmountable problems of access and receive care that is often of uncertain quality.

The priorities of 20 years ago—entitlement and equity—are no longer priorities today. In the 1980s much of our progress was eroded as health care institutions struggled to survive in new economic and regulatory environments. Considerations of access and equity in health care have been subordinate to other concerns. In some parts of the country “entrepreneurialism” and “competition” have almost become shibboleths. In other regions, inflexible regulatory structures inhibit prompt and flexible responses to changing circumstances. Resistance to new taxes and imposition of budgetary constraints have become universal features of the political landscape. Struggling to survive in this new environment, health care institutions and agencies traditionally committed to community service find themselves under heavy pressure to alter their principles and to become commercial ventures; some have been unable to survive at all.

In 1985 the New York Academy of Medicine decided to establish a series of National Health Policy Seminars to assess current developments in the structure, financing, and delivery of health services and to explore future policy options. This effort, which would extend from late 1985 to the middle of 1988, was conducted in collaboration with the United Hospital Fund of New York and the Ford Foundation, with additional support from the Irving R. Graef Foundation. The intention was to bring together a group of authorities on health care issues who would hear and discuss a series of thoughtful presentations on health policy options and would then work toward developing a consensus on priorities in health policy.

At the outset of the effort, on November 15–16, 1985, a two-day seminar on health care policy options was convened at the Harrison House Conference Center in Glen Cove, New York. This seminar, supported by the Ford Foundation, had the dual purpose of contributing to the executive panel deliberations of the Ford Foundation’s Project on Social Welfare and serving as a springboard for the New York Academy of Medicine’s National Health Policy Seminars. The Academy commissioned a working paper from Lawrence D. Brown, Ph.D. (then at the University of Michigan; currently Professor and Head, Division of Health Administration, Columbia University School of Public Health). The program was chaired by Jack A. Meyer (then Director of the Center for Health Policy Research at the American Enterprise Institute). Professor Brown’s paper was published in the *Bulletin of the New York*

Academy of Medicine in June 1987 and was subsequently reprinted and distributed by the Ford Foundation. The Harrison House conference was summarized in a paper prepared by Linda D. Demkovich of the National Health Policy Forum, Washington, D.C.

Planning for the seminar series began early in 1986. Both the planning committee and the seminars themselves were chaired by Peter Rogatz, M.D., Vice President for Medical Affairs, Visiting Nurse Service of New York, who, when this effort was initiated, was chairman of the Committee on Medicine in Society of the New York Academy of Medicine. Marvin Lieberman, Ph.D., served as staff throughout the entire process.

Initially six seminars were scheduled between October 1986 and May 1987. Each session began with a formal presentation of a major paper, followed by some two hours of discussion by the group. As a further step toward the final deliberations of the seminar group, three analytic papers were commissioned (for March 10, 1988) and were distributed to members of the seminar group for their review.

Following their review of the three final papers, the members of the seminar group held a series of four deliberative sessions under the chairmanship of Dr. Rogatz in order to draft a position paper. Despite some divergence of viewpoints among the seminar members, and despite the complexities of the issues under discussion, these four sessions resulted in the drafting of a policy statement supported by a strong consensus of the participants.

This statement was then forwarded to the Committee on Medicine in Society where, after intense discussion, it was approved, subject to some modest changes. This modified version of the statement was endorsed overwhelmingly—but not unanimously—by the seminar participants and then was forwarded to the Council of the New York Academy of Medicine where, after further serious discussion, it was approved as an official position of the Academy. A copy of the statement, entitled “Toward a Health Care Financing Strategy for the Nation,” is included in this volume (pp. 000).

The work of the Academy’s 1986–88 National Health Policy Seminars takes its place in the 40-year history of concern with issues of national health policy by the Academy’s Committee on Medicine in Society.